



Please Print or Type all Information – or you may fill out on-line and print for signatures
ALL FIELDS MUST BE FILLED IN PER INSTRUCTIONS

Questionnaire for Candidates Requesting Test Accommodations

DSA-Voluntary Certified Access Specialist Program must receive your request for accommodation and supporting documentation by the registration deadline for the exam you wish to take. Requests not received by the registration deadline of the requested exam may be denied.

All applicants requesting accommodations (except those who have received an accommodation from DSA within the last year) must complete this form (Questionnaire for Candidates Requesting Test Accommodations). Submission of an accommodation request does not guarantee that testing accommodations will be provided. DSA will review your request and professional recommendations to determine whether reasonable accommodation is possible.

1. **Read the guidelines entitled ADA Test Accommodations Guidelines for CASp Examination Registrants.** Share them with the professionals who will be preparing your supporting documentation. The information in the guidelines is intended for candidates, evaluators, qualified professionals, and others involved in the process of documenting a request for [test accommodations](#).
2. Be sure to provide all requested information on the questionnaire. All requests for accommodations must be made in writing by the applicant.
3. In addition to the questionnaire and the personal statement from the candidate, the request for accommodation must include a written professional report describing the disability and the resulting functional limitations and explaining the need for the requested accommodations. Compare your documentation with the information listed in the guidelines to ensure that your request is complete. Incomplete documentation may delay processing of your request, or result in your request being denied.
4. The applicant must sign the questionnaire and personal statement where indicated.
5. The deadline for submitting requests for accommodations is the same as the registration deadline for applying to take the exam in your jurisdiction. DSA encourages you to submit your request and documentation as early as possible. For information on upcoming deadlines see <http://www.dsa.dgs.ca.gov/Access/casp.htm>.
6. Send your request for test accommodations and your supporting documentation to:

Division of the State Architect
Attn: CASp Program
1102 Q Street, Suite 5100
Sacramento, CA 95811



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DSA-Voluntary Certified Access Specialist Program must receive your request by the registration deadline for the exam you wish to take. Incomplete requests or requests not received by the registration deadline of the requested exam may be denied.

Accommodations are requested for the following exam: _____

Exam date (month/year): _____

Exam location (city, state): _____

Candidate's name: _____
Last First MI

Gender: Male Female

Date of birth: _____
Month Day Year

Address: _____
Street Apt #

_____ City State Zip Code Country

_____ Daytime phone number Email address

University/college or school (if applicable): _____

Nature of disability:

Hearing Psychiatric Learning Visual Physical Other

My disability impairs my ability to accurately exhibit my knowledge and skills on the examination in the following manner:

What accommodation(s) are you requesting? (Accommodations must be appropriate to the disability.) _____

If requesting additional time, please indicate the amount of time as supported by your documentation:

Additional break time (specify): _____

Additional testing time (specify): _____

Other (specify): _____

Do you require wheelchair access at the exam facility? Yes No

If you require an adjustable height table, please indicate the number of inches from the floor:

What other prior classroom or test accommodations have you received? (If applicable)

If you received accommodations at a school you attended, complete the following.

- College (or other higher education): Yes No

If yes, accommodation(s) received: _____

- Secondary or elementary school: Yes No

If yes, accommodation(s) received: _____



To document your need for an accommodation as completely as possible, complete the attached personal statement describing your disability and its impact on your ability to take the exam under standard conditions. In addition to your personal statement, you must also attach documentation from a qualified professional.

If clarification or further information regarding the documentation is needed, I authorize DSA to contact the professional(s) who diagnosed the disability and/or those entities that have previously provided me with accommodations. I authorize such professional(s) and entities to communicate with DSA in this regard and to provide DSA with copies of relevant documents. I also authorize DSA to provide information and documents relating to my request, at its discretion, to third-party consultants who have expertise that is relevant to the disability which prompted my request for accommodations.

I certify under penalty of perjury under the laws of the State of California that the information on this application is true and complete to the best of my knowledge. I acknowledge that any false, incomplete, or incorrect statements may result in my disqualification from the certification process or denial of my request for accommodation in taking the CASp examination.

Signature

Date

Mail your completed questionnaire, personal statement, and supporting documents from the appropriate qualified professional(s) to:

Division of the State Architect
Attn: CASp Program
1102 Q Street, Suite 5100
Sacramento, CA 95811

Personal Statement

Describe below the impairment(s) for which you are seeking test accommodations and the impact that the impairment has on your ability to take the exam under standard conditions.

Please print or type.

[illegible]

Signature

Date